

# REQUEST FOR BUSINESS LICENSE CERTIFICATION

Date of Request: \_\_\_\_\_

Type of License(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Premise Address: \_\_\_\_\_

Name(s) of Licensee: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Certification is Requested for Period: \_\_\_\_\_

Person Requesting Certification: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Certification Request: \_\_\_\_\_

Mailing Address:

Street Address \_\_\_\_\_ Suite Or Apartment Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Delivery Method      Mail      Pick Up      Date Mailed/Picked Up: \_\_\_\_\_

## NOTICE

There is a \$1.00 fee for each certification prepared. Each name, address and type of license is considered a separate request for certification.

*I certify that the above statements on this application are true and complete to the best knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia. I/We understand that, anyone who makes a false statement on this form can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.*

### For DCRA Official Use Only

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Status of License	Issued	Canceled	Pending	No Record
Customer Number: _____	License Number: _____			
Bond Company: _____	Bond Number: _____			
Owner(s) Name: _____	Address: _____			
Agency Name: _____	Address: _____			